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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/532.359 **Application Number** October 21, 2003 POWER OF ATTORNEY I.A. Filing Date First Named Inventor Leong Loke Ng **CORRESPONDENCE ADDRESS** Not yet known Art Unit INDICATION FORM Not yet known **Examiner Name** ISA-035.01 Attorney Docket Number I hereby appoint: 25181 ☑ Practitioners at Customer Number ☐ Practitioner(s) named relow: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number:. OR The address associated with Customer Number: OR ☐ Firm or Individual Name Address Address State ZIP City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Leong Loke Ng/ Signature Telephone +44 116 252 3132 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. *Total of forms are submitted.

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